

PRINT ON BLUE OFFICIAL LETTERHEAD

MEMORANDUM FOR 711 HPW/IR (AFRL IRB)

FROM: **AFRL/DIRECTORATE OR OTHER ORGANIZATION**

SUBJECT: **Title of protocol**

1. The undersigned have reviewed the proposed research and affirm that it meets all requirements for ethical human experimentation as set forth in current Federal, DoD, Air Force, and AFRL guidance.

2. Specifically, we confirm that the proposed research meets the following criteria:

a. The investigators are fully qualified to carry out the proposed research and understand the duties required by AFRLI 40-402.

b. The proposal has undergone adequate peer review to ensure its scientific quality.

c. The research is relevant to valid Air Force needs.

d. The required information can only be obtained by use of human subjects.

e. The experimental/statistical design is adequate to resolve the hypothesis or answer the research question. Every effort has been made to minimize the number of human subjects required to achieve the required statistical strength.

f. As required, any laboratory or other facility has undergone adequate safety inspection.

g. The medical consultant understands the duties contained within AFRLI 40-402, paragraph 1.6. and is fully prepared to respond to medical emergencies. Every effort has been made to minimize the discomfort and risk to which each subject will be exposed.

3. The personnel and resources required to implement the proposed research are currently available to the proposing organization. It is the Directorate's intent to carry out this research as approved.

4. The funding source for this research is (check one):

☐ Program 6 (S&T) ☐ Program 8 (Medical) ☐ Other (Specify):

5. For questions or concerns, please contact **PLEASE INSERT NAME AND CONTACT INFORMATION FOR THE PRINCIPLE INVESTIGATOR OF THIS PROTOCOL**

NAME/RANK DATE SIGNED

System Safety Engineer

This protocol has been reviewed for compliance with applicable safety regulations.

NAME/RANK DATE SIGNED

Medical Consultant

Attests that he/she understands the duties contained within AFRLI 40-402, para 1.6 & is fully prepared to respond to any medical emergencies

NAME/RANK DATE SIGNED

Program Manager

Attests that all investigators are fully qualified to carry out the proposed research & understand the duties required by AFRLI 40-402. And, the required information can only be obtained by use of humans.

NAME/RANK DATE SIGNED

Branch Chief Name of Division

Attests that the experimental design & statistical methods are appropriate to address the hypothesis or answer the research question, & that every effort has been made to minimize the number of subjects required to achieve the necessary statistical strength.

NAME/RANK DATE SIGNED

Division Chief, Name of Division

Attests that the proposal has undergone adequate peer review to ensure its scientific quality & that the personnel and resources required to implement the proposed research are currently available.

NAME/RANK DATE SIGNED

Director/Commander, Name of Directorate

Attests that all the above criteria have been met & that the research is relevant to valid AFRL & Air Force needs. It is the Directorate's intent to carry out this research as approved.